IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| In re Patent Application of | Atty | ARC-3 | 687-210 | | | | 25 |
|---|---------------------------------|---|---|---|--|------------------|-------|
| Malabarba et al | Dkt. | C# | M# | si mora di di | | | |
| Malabarba et al JUL 1 3 2009 TC/A | U. | 1617 | | | | | |
| Serial No. 10/518,802 | xaminer: | Carter | | | | | |
| Filed: August 8, 2005 | Date: | July 13 | , 2009 | | | | |
| Title: USE OF AMIDE DERIVATIVE OF GE 2270 F OF ACNE | ACTOR A | 3 FOR T | HE TREAT | ΓMENT | | | |
| Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | | | | | | | |
| Sir: | ONSE/AN | AENDM | ENT/I ET | TER | | | |
| This is a response/amendment/letter in the above | | | | | t which is h | ereby | |
| incorporated by reference and the signature below signature thereon. | w serves | as the s | ignature t | to the attachment in the | absence o | of any o | other |
| ☐ Correspondence Address Indication | on Forn | n Atta | hed. | | | | |
| Fees are attached as calculated below: | maina | hiahaat | | • | | | |
| Total effective claims after amendment 0 previously paid for 20 (at least 20) = | | highest k \$52.0 | | \$0.00 (1202)/\$0. | .00 (2202) | \$ | 0.00 |
| Independent claims after amendment previously paid for 3 (at least 3) = | | highest c \$220. | | \$0.00 (1201)/\$0. | .00 (2201) | \$ | 0.00 |
| If proper multiple dependent claims now added f | for first tin | ne, (igno | re improp | per); add | 00 (0000) | Φ. | 0.00 |
| Petition is hereby made to extend the current du paper and attachment(s) | One Two M Three M Four | Month Ionth Ex onth Ex Month E | Extension tensions tensions tensions tensions | \$390.00 (1203)/\$195.01 (1203)/\$195.01 (1251)/\$65.01 (1252)/\$245.01 (1252)/\$245.01 (1253/\$555.01 (1254/\$865.8) | 0 (2251) 0 (2252) 0 (2253) .00 (2254) | | 0.00 |
| Terminal disclaimer enclosed, add | I IVE IV | 1011111 127 | terisions | \$140.00 (1814)/ \$70.0 | , | | 0.00 |
| · | Statemer | nt filed h | erewith | 4 | (== : :, | • | |
| Rule 56 Information Disclosure Statement Filing | Fee | | | \$180.0 | 0 (1806) | \$ | 0.00 |
| Assignment Recording Fee | | | | | 0 (8021) | \$ | 0.00 |
| Other: | | | | , , , , , | (, | \$ | 0.00 |
| | | | | тс | TAL FEE | \$ | 0.00 |
| ☐ CREDIT CARD PAYMENT FORM | ATTA N | CHE |) . | | | | |
| The Commissioner is hereby authorized to charg asserted to be filed, or which should have been fifirm) to our Account No. 14-1140. | e any <u>def</u> iled herev | <u>iciency,</u> vith (or v | or credit a vith any p | any overpayment, in the aper hereafter filed in th | e fee(s) file his applicat | d, or tion by | this |
| 901 North Glebe Road, 11th Floor Arlington, Virginia 22203-1808 Telephone: (703) 816-4000 Facsimile: (703) 816-4100 ARC:eaw | By A | | ANDERH' hur R. Cr | YE P.C. awford, Reg. No. 25,32 | 7 | | |
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